

Utah Insurance Department  
State Office Building, Room 3110  
Salt Lake City, UT 84114  
Brent Oscarson  
Phone: (801) 538-3195

## **BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF UTAH**

**UTAH INSURANCE DEPARTMENT  
COMPLAINANT:**

**RESPONDENT:**

Philadelphia American Life  
Insurance Company  
Attn: Silvana S Lai  
11720 Katy Fwy., #1700  
Houston, Texas 77079-1298  
Utah Company Id. No. 862

**NOTICE OF INFORMAL  
AGENCY ACTION  
AND ORDER**

Docket No. 3606  
Enf. Case No. 2015-044 HL  
Judge Mark Kleinfeld  
Administrative Law Judge

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The Utah Insurance Department has commenced this informal adjudicative proceeding pursuant to Utah Code Annotated §§ 31A-2-201 and 63G-4-201 and Utah Administrative Code Rule R590-160. Based upon information contained in agency files or known to the Commissioner, the Commissioner makes the following:

### **FINDINGS OF FACT**

1. Respondent is an insurer domiciled in the State of Texas and authorized to do the business of insurance in the State of Utah, Utah Company Identification No. 862.
2. Respondent is an insurer that markets Medicare Supplement Policies and was required, under Utah Administrative Code Rule R590-146 and Bulletin 2007-3, to electronically file its Annual Filing of Premium Rates, its Refund Calculation and Benchmark Ratio, and its Report of Multiple Policies before May 31<sup>st</sup> of each year.

3. Respondent failed to electronically file its Annual Filing of Premium Rates, its Refund Calculation and Benchmark Ratio, and its Report of Multiple Policies on or before May 31, 2014.

Having entered his Findings of Fact, the Commissioner now enters his:

### **CONCLUSION OF LAW**

1. In failing to electronically file its Annual Filing of Premium Rates on or before May 31, 2014, Respondent violated Utah Admin. Code Rule R590-146-14(C).

2. In failing to electronically file its Refund Calculation and Benchmark Ratio on or before May 31, 2014, Respondent violated Utah Admin. Code Rule R590-146-14(B).

3. In failing to electronically file its Report of Multiple Policies on or before May 31, 2014, Respondent violated Utah Admin. Code Rule R590-146-22.

4. Pursuant to Utah Code Annotated § 31A-2-308, the commissioner may impose an administrative forfeiture on an insurer of up to \$5,000.00 for each violation of the Utah Insurance Code.

Based upon the foregoing Findings of Fact and Conclusions of Law, the Commissioner now enters the following:

### **ORDER**

#### **IT IS HEREBY ORDERED:**

1. Respondent is assessed an administrative forfeiture in the amount of \$750.00. Said forfeiture shall be paid no later than ten (10) days after the date this Order becomes final.

2. This Order shall become final fifteen (15) days after the date of mailing unless a written request for a hearing is received from the Respondent in the offices of the department prior to that date. A written request for a hearing shall be signed by the person making the request and shall state the basis for the relief requested.

DATED THIS 7 day of April, 2015.

TODD E. KISER  
INSURANCE COMMISSIONER



MARK KLEINFELD, J.D.  
ADMINISTRATIVE LAW JUDGE  
Utah Insurance Department  
State Office Building, Room 3110  
Salt Lake City, Utah 84114  
Telephone (801) 538-3800

#### **NOTIFICATION**

If you request a hearing regarding this matter, please contact the Brent Oscarson, at 801-538-3195. Failure to request a hearing will be considered a failure to exhaust administrative remedies and will preclude any further administrative or judicial review or appeal of this matter.

You are further notified that a failure to obey an Order of the commissioner may subject you to further penalties, including forfeitures of up to \$2,500.00 per violation and the suspension or revocation of your license and the filing of an action to enforce this Order in District Court, which may impose forfeitures of up to \$10,000.00 per day for continued violation.

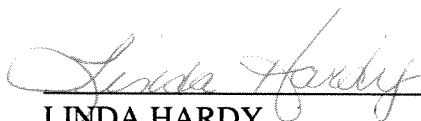
You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

## CERTIFICATE OF MAILING

The undersigned certifies on this date, a true and correct copy of the forgoing NOTICE OF AGENCY ACTION AND ORDER was mailed, postage prepaid, to the following:

Philadelphia American Life  
Attn: Silvana S Lai  
11720 Katy Fwy, #1700  
Houston, Texas 77079-1298

DATED this 7<sup>th</sup> April, 2015

A handwritten signature in cursive script, reading "Linda Hardy", is written over a horizontal line.

LINDA HARDY  
UTAH INSURANCE DEPARTMENT  
STATE OFFICE BUILDING, ROOM 3110  
SALT LAKE CITY, UT 84114-6901



## State of Utah

GARY R. HERBERT  
*Governor*

SPENCER J. COX  
*Lieutenant Governor*

# Insurance Department

## UTAH Invoice - Original

SILVANA S LAI  
PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
11720 KATY FWY 1700  
HOUSTON TX 77079-1298

Printed Date: April 7, 2015  
Invoice Date: April 7, 2015  
Balance Due: \$750.00  
Due Date: May 12, 2015  
Invoice ID: 759617  
Payor ID: 862

Date	Item Description	Amount	
04-07-2015	Monetary Penalty Company	\$750.00	E-Case 3606 Docket # 2015-044 HL

No Adjustments

No Payments

**Balance Amount Due \$750.00**

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## UTAH Invoice - Original

Make check payable to: Utah Insurance Department  
Send payment to:  
Utah Insurance Department  
3110 State Office Building  
Salt Lake City, UT 84114-6901

Invoice Date: April 7, 2015  
Balance Due: \$750.00  
Due Date: May 12, 2015  
Invoice ID: 759617  
Payor ID: 862

**E-Case 3606 Docket # 2015-044 HL**

**Detach and Return this Voucher with Payment  
Payments Will Not Be Processed without Voucher**